Division of Health Service Regulation

Nursing Home Licensure & Certification and Construction Sections

Fiscal Impact Analysis

Agency:

North Carolina Medical Care Commission

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Impact:

State government impact: None
Local government impact: None
Federal government impact: None
Substantial economic impact: None

Statutory Authority: G.S. 131E-104

Introductory Note:

The following list includes nursing home rules that were identified as requiring amendment or repeal in the stakeholder's meeting of May 5, 2011. One additional rule (.2210) was added. Table 1 provides a summary of the proposed rule change as well as any fiscal impact on state, local or federal government, or private sector entities and any substantial economic impact.

Table 1. Description of the Proposed Rule Changes & Economic Impact

	Title of Rule Change	**Statutory Citation**	**Summary of the Rule Change**	**Impact on State/Local/Federal Government and/or Private Sector or Substantial Economic Impact**
1	Temporary Change in Bed Capacity, .2105	G.S. 131E-104	The current language is outdated and need to update to current reflection of a Continuing Care Retirement Community.	None
2	Denial, Amendment, or Revocation of License, .2106	G.S. 131E-104	The term "factual allegations" needs modification.	None
3	Suspension of Admission, .2107	G.S. 131E-104	The term "factual allegations" needs modification.	None
4	Admissions, .2202	G.S. 131E-104	The current wording "a summary of the hospital stay" is challenging for the nursing homes. The rule needs to be broader to allow the nursing homes to obtain whatever documentation necessary to establish a plan of care.	None

	Title of Rule Change	Statutory Citation	Summary of the Rule Change	Impact on State/Local/Federal Government and/or Private Sector or Substantial Economic Impact
5	Patients not to be Admitted, .2203	G.S. 131E-104	The word "training" had questionable meaning and different interpretations.	None
6	Reporting and Investigating Abuse, Neglect or Misappropriation, .2210	G.S. 131E-104; 131E-131; 131E-255; 131E-256	Reporting requirement of 24 hours needed clarification as is interpreted differently, some 24 hours, some 1 working day.	None
7	Patient Assessment and Care Planning, .2301	G.S. 131E-104	Change "care plan" to "plan of care to strengthen the requirement for comprehensiveness of plan and to deemphasize a particular form and format.	None

	Title of Rule Change	Statutory Citation	Summary of the Rule Change	Impact on State/Local/Federal Government and/or Private Sector or Substantial Economic Impact
8	Nurse Staffing Requirements, .2303	G.S. 131E-104	More calls come into the office about this rule than any other. Stakeholder group decided best to change the rule to mirror the federal requirement. And staff involved in assessments should be counted.	None Our certified nursing homes (97% of our homes) already are required to provide as many staff as it takes to meet the needs of all the residents. This is what we are changing the state rule to; so there is no financial impact to our certified homes. This rule will not cause certified homes to increase, decrease, or change the distribution of staff. As far as licensed only homes, they are already staffing well and we do not receive complaints about their staffing so there is no fiscal impact to our licensed only homes.
9	Medication Administration, .2306	G.S. 131E-104	Clarify or delete automatic stop orders or change to facility policy.	None

	Title of Rule Change	Statutory Citation	Summary of the Rule Change	Impact on State/Local/Federal Government and/or Private Sector or Substantial Economic Impact
10	Drug Procurement, .2604	G.S. 131E-104; 131E-117	Clarify "possess a stock of prescription legend drugs." Clarify regarding patient drugs and the flow of the rule.	None
11	Specialized Rehabilitative and Habilitative Services, .3001	G.S. 131E-104	Repeal. These types of units do not exist in NC nursing homes. Any resident needing therapy services needs to be provided services.	None
12	Quality of Specialized Rehabilitative Service, .3002	G.S. 131E-104	Repeal. These types of units do not exist in NC nursing homes. Any resident needing therapy services needs to be provided services.	None
13	HIV Designated Unit Policies and Procedures, .3011	G.S. 131E-104	Repeal. These types of units do not exist in NC nursing homes. Any resident with HIV should receive services necessary. We do not need special segregated units for these residents. Infection control practices should always be applied with interacting with all residents.	None

	Title of Rule Change	Statutory Citation	Summary of the Rule Change	Impact on State/Local/Federal Government and/or Private Sector or Substantial Economic Impact
14	Physician Services in an HIV Designated Unit, .3012	G.S. 131E-104	Repeal. Any nursing home resident can be referred to a specialist. No need to separate out HIV residents.	None
15	Special Nursing Requirements for an HIV Designated Unit, .3013	G.S. 131E-104	Repeal. Designated HIV units do not exist in NC. Residents with a diagnosis of HIV are served in the general population of the nursing home.	None
16	Specialized Staff Education for HIV Designated Units, .3014	G.S. 131E-104	Repeal. All staff should be educated on infection control for all residents and infection control rules should cover.	None
17	Use of Investigational Drugs for HIV Designated Units, .3015	G.S. 131E-104	Repeal. Designated HIV units do not exist in NC. Any medication a resident receives is covered under medication administration rules.	None
18	Additional Social Work Requirements for HIV Designated Units, .3016	G.S. 131E-104	Repeal. Designated HIV units do not exist in NC. The Social worker for the nursing home is expected to meet all residents' needs.	None

	Title of Rule Change	Statutory Citation	Summary of the Rule Change	Impact on State/Local/Federal Government and/or Private Sector or Substantial Economic Impact
19	Physician Requirements for Inpatient Rehabilitation Facilities or Units, .3021	G.S. 131E-104	Repeal. These types of units no longer exist in NC. Physician services are expected to be provided for all residents.	None
20	Admission Criteria for Inpatient Rehabilitation Facilities or Units, .3022	G.S. 131E-104	Repeal. These types of designated units no longer exist in NC.	None
21	Comprehensive Inpatient Rehabilitation Evaluation, .3023	G.S. 131E-104	Repeal. These types of units no longer exist in NC. All residents have comprehensive assessments.	None
22	Comprehensive Inpatient Rehabilitation Interdisciplinary Treat/Plan, .3024	G.S. 131E-104	Repeal. These types of units no longer exist in NC. A plan of care is developed by the interdisciplinary team for all residents.	None
23	Discharge Criteria for Inpatient Rehabilitation Facilities or Units, .3025	G.S. 131E-104	Repeal. These types of units no longer exist in NC. Any resident is provided a safe and orderly discharge.	None

	Title of Rule Change	Statutory Citation	Summary of the Rule Change	Impact on State/Local/Federal Government and/or Private Sector or Substantial Economic Impact
24	Comprehensive Rehabilitation Personnel Administration, .3026	G.S. 131E-104	Repeal. These types of units no longer exist in NC.	None
25	Comprehensive Inpatient Rehabilitation Program Staffing Requirements, .3027	G.S. 131E-104	Repeal. All nursing homes are required to provide enough staff to meet the needs of all residents.	None
26	Staff Training for Inpatient Rehabilitation Facilities or Unit, .3028	G.S. 131E-104	Repeal. These types of units no longer exist in NC. Staff are trained to take care of all the resident population needs.	None
27	Equipment Reqs/Comprehensive Inpatient Rehabilitation Programs, .3029	G.S. 131E-104	Repeal. These types of units no longer exist in NC.	None
28	Physical Facility Reqs/Inpatient Rehabilitation Facilities or Unit. .3030	G.S. 131E-104	Repeal. These types of units no longer exist in NC.	None

	Title of Rule Change	Statutory Citation	Summary of the Rule Change	Impact on State/Local/Federal Government and/or Private Sector or Substantial Economic Impact
29	Deemed Status for Inpatient Rehabilitation Facilities or Units, .3033	G.S. 131E-104	Repeal. These types of units no longer exist in NC. The rule is obsolete.	None

10A NCAC 13D .2105 is proposed for amendment as follows:

10A NCAC 13D .2105 TEMPORARY CHANGE IN BED CAPACITY

(a) A ~~life care center,~~ continuing care retirement community, having an agreement to care for all residents regardless of level of care needs, may temporarily increase bed capacity by 10 percent or 10 beds, whichever is less, over the licensed bed capacity for a period up to ~~30~~ 60 days following notification of and approval by the ~~Department.~~ Nursing Home Licensure and Certification Section.

(b) A facility other than a ~~life care center~~ continuing care retirement community shall accept no more ~~patients or~~ residents than the total number for which it is licensed except in an emergency situation. ~~situation approved and confirmed in writing by the Licensure and Certification Section of the Division of Health Service Regulation.~~ Emergency authorizations shall not exceed ~~30~~ 60 calendar days and shall not exceed the total ~~licensed bed capacity for the facility.~~ number of beds licensed by the Division.

(c) The Department shall authorize, in writing, a temporary increase in licensed beds in accordance with Paragraphs (a) and (b) of this Rule, if it is determined that:

(1) the increase is not associated with a capital expenditure; and

(2) the increase would not jeopardize the health, safety and welfare of the patients.

History Note: *Authority G.S. 131E-104; 131E-112;*
Eff. January 1, ~~1996.~~ 1996;
Amended Eff. July 1, 2012.

10A NCAC 13D .2106 is proposed for amendment as follows:

10A NCAC 13D .2106 DENIAL, AMENDMENT, OR REVOCATION OF LICENSE

(a) The Department shall deny any licensure application upon becoming aware that the applicant is not in compliance with G.S. 131E, Article 9 and the rules adopted under that law.

(b) The Department may amend a license by reducing it from a full license to a provisional license whenever the Department finds that:

(1) the licensee has substantially failed to comply with the provisions of G.S. 131E, Article 6 and the rules promulgated under that article; and

(2) ~~there is a reasonable probability that the licensee can remedy the licensure deficiencies within a reasonable length of time; and~~ there is continued non-compliance after the third revisit.

~~(3) there is a reasonable probability that the licensee will be able thereafter to remain in compliance with the licensure rules for the foreseeable future.~~

(c) The Department shall give the licensee written notice of the amendment to the license. This notice shall be given personally or by certified mail and shall set forth:

(1) the length of the provisional license;

(2) ~~the factual allegations;~~ a reference to the statement of deficiencies that contains the facts;

(3) the statutes or rules alleged to be violated; and

(4) notice of the facility's right to a contested case hearing on the amendment of the license.

(d) The provisional license shall be effective ~~immediately upon its receipt by the licensee~~ as specified in the notice and shall be posted in a prominent location within the facility, accessible to public view, in lieu of the full license. The provisional license shall remain in effect until:

(1) the Department restores the licensee to full licensure status; or

(2) the Department revokes the licensee's license.

~~(e) If a licensee has a provisional license at the time the licensee submits the annual utilization data, the provisional license shall remain in effect unless the Department determines that the licensee can be returned to full licensure status.~~

~~(f)~~ (e) The Department may revoke a license whenever:

(1) The Department finds that:

(A) the licensee has substantially failed to comply with the provisions of G.S. 131E, Article 6 and the rules promulgated under that article; and

(B) ~~it is not reasonably probable that the licensee can remedy the licensure deficiencies within a reasonable length of time;~~ there continues to be non-compliance at the third revisit; or

~~(2) The Department finds that:~~

~~(A) the licensee has substantially failed to comply with the provisions of G.S. 131E, Article 6; and~~

~~(B) although the licensee may be able to remedy the deficiencies within a reasonable time, is not reasonably probable that the licensee will be able to remain in compliance with licensure rules for the foreseeable future; or~~

~~(3)~~ (2) The Department finds that there has been any failure to comply with the provisions of G.S. 131E, Article 6 and the rules promulgated under that article that endanger the health, safety or welfare of the patients in the facility.

~~(g)~~ (f) The issuance of a provisional license is not a procedural prerequisite to the revocation of a license pursuant to Paragraph ~~(f)~~ (e) of this Rule.

~~(h)~~ (g) The Department can, in accordance with G.S. 131E-232, petition to have a temporary manager appointed to operate a facility.

History Note: *Authority G.S. 131E-104;*
Eff. January 1, ~~1996.~~ 1996;
Amended Eff. July 1, 2012.

10A NCAC 13D .2107 is proposed for amendment as follows:

10A NCAC 13D .2107 SUSPENSION OF ADMISSIONS

(a) The Department may suspend the admission of ~~any~~ new ~~patient~~ patients to ~~any~~ a facility when warranted under the provisions of G.S. 131E-109(c).

(b) The Department shall notify the facility personally or by certified mail of the decision to suspend admissions. Such notice shall include:

(1) ~~factual allegations;~~ a reference to the statement of deficiencies that contains the facts;

(2) citation of statutes and rules alleged to be violated; and

(3) notice of the facility's right to a contested case hearing on the suspension.

(c) The suspension ~~shall be~~ is effective ~~when the notice is served or~~ on the date specified in the notice of ~~suspension, whichever is later.~~ suspension. The suspension shall remain effective until the facility demonstrates to the Department that conditions are no longer detrimental to the health and safety of the patients.

(d) The facility shall not admit new patients during the effective period of the suspension.

(e) Patients requiring hospitalization during the period of suspension of admissions shall be readmitted after hospitalization or on return from temporary care to the facility based on the availability of a bed and the ability of the facility to provide necessary care. Upon return from the hospital, the requirements of G.S. 131E-130 ~~shall~~ apply.

History Note: *Authority G.S. 131E-104;*
Eff. January 1, ~~1996.~~ 1996;
Amended Eff. July 1, 2012.

10A NCAC 13D .2202 is proposed for amendment as follows:

10A NCAC 13D .2202 ADMISSIONS

(a) No patient shall be admitted except by a physician. ~~physician or other persons legally authorized to admit patients.~~ Admission shall be in accordance with facility policies and procedures.

~~(b) The administrator shall ensure patients receive communicable disease screening, including tuberculosis, in accordance with Rule .2209 of this Section.~~

~~(c)~~ (b) The facility shall acquire, prior to or at the time of admission, orders for the immediate care of the patient from the admitting physician. ~~physician or other person legally authorized to admit.~~

~~(d)~~ (c) Within 48 hours of admission, the facility shall acquire medical information which shall include current medical findings, ~~diagnosis, and a summary of the hospital stay if the patient is being transferred from a hospital.~~ diagnoses, and other information necessary to formalize the initial plan of care.

~~(e) If a patient is admitted from somewhere other than a hospital, the facility shall acquire a copy of the patient's most recent medical history and physical, which shall have been updated within the preceding six months.~~

~~(f)~~ (d) Only persons who are 18 years of age or older shall be admitted to the adult care home portion of a combination facility.

History Note: *Authority G.S. 131E-104;*
RRC objection due to lack of statutory authority Eff. July 13, 1995;
Eff. January 1, ~~1996.~~ 1996;
Amended Eff. July 1, 2012.

10A NCAC 13D .2203 is proposed for amendment as follows:

10A NCAC 13D .2203 PATIENTS NOT TO BE ADMITTED

(a) Patients who require health, habilitative or rehabilitative care ~~or training~~ beyond those for which the facility is licensed and is capable of providing shall not be ~~admitted.~~ admitted to the licensed nursing home.

(b) No person requiring continuous nursing care shall be admitted to an adult care home bed in a combination facility, except under emergency situations as described in Rule .2105 of this Subchapter. Should an existing resident of an adult care home bed require continuous nursing care, the administrator shall either discharge the resident or provide the next available nursing facility bed (that is not needed to comply with G.S. 131E-130) to the resident to ensure continuity of care and to prevent unnecessary discharge from the facility. During the resident's stay in the adult care section of the combination facility, the administrator shall ensure that necessary nursing services are provided. Should the facility be unable to provide necessary services the resident requires, whether in the adult care or nursing section, the facility shall follow discharge procedures according to Rule .2205 of this Subchapter.

History Note: *Authority G.S. 131E-104;*
RRC objection due to lack of statutory authority Eff. July 13, 1995;
Eff. January 1, ~~1996.~~ 1996;
Amended Eff. July 1, 2012.

10A NCAC 13D .2210 is proposed for amendment as follows:

10A NCAC 13D .2210 REPORTING AND INVESTIGATING ABUSE, NEGLECT OR MISAPPROPRIATION

(a) A facility shall take measures to prevent patient abuse, patient neglect, or misappropriation of patient property, including orientation and instruction of facility staff on patients' rights, and the screening of and requesting of references for all prospective employees.

(b) The administrator shall ensure that the Health Care Personnel Registry Section of the Division of Health Service Regulation is notified within ~~24 hours~~ one working day of the health care facility becoming aware of all allegations against health care personnel as defined in G.S. 131E-256(a)(1), which includes abuse, neglect, misappropriation of resident property, misappropriation of the property of the facility, diversion of drugs belonging to a health care facility or a resident, fraud against a health care facility or a resident, and injuries of unknown source in accordance with 42 CFR subsection 483.13 which is incorporated by reference.

(c) The facility shall investigate allegations of patient abuse, patient neglect, or misappropriation of patient property ~~in accordance with 42 CFR subsection 483.13 which is incorporated by reference, including subsequent amendments,~~ and shall document all relevant information pertaining to such investigation and shall take the necessary steps to prevent further incidents of abuse, neglect or misappropriation of patient property while the investigation is in progress. The Code of Federal Regulations, Title 42, Public Health, Part 430 to the end, revised as of October 1, 2005, Description Item 572-B, may be purchased from the U.S. Government Printing Office, P.O. Box 979050, St. Louis, MO 63197-9000, by a direct telephone call to the G.P.O. at (866) 512-1800 or online at http://bookstore.gpo.gov/ or accessed electronically at http://ecfr.gpoaccess.gov/.

(d) The administrator shall ensure that the report of investigation is printed or typed and postmarked to the Health Care Personnel Registry Section of the Division of Health Service Regulation within five working days of the allegation. The report shall include:

(1) the date and time of the alleged incident of abuse, neglect or misappropriation of property;

(2) the patient's full name and room number;

(3) details of the allegation and any injury;

(4) names of the accused and any witnesses;

(5) names of the facility staff who investigated the allegation;

(6) results of the investigation;

(7) and any corrective action that may have been taken by the facility.

History Note: *Authority G.S. 131E-104; 131E-131; 131E-255; 131E-256;*
Eff. January 1, 1996;
Amended Eff. August 1, 2008; October 1, ~~1998.~~ 1998;
Amended Eff. July 1, 2012.

10A NCAC 13D .2301 is proposed for amendment as follows:

10A NCAC 13D .2301 PATIENT ASSESSMENT AND PLAN OF CARE ~~PLANNING~~

(a) At the time each patient is admitted, the facility shall ensure medical orders are available for the patient's immediate care and that, within 24 hours, a nursing assessment of immediate needs is completed by a registered nurse and measures implemented as appropriate.

(b) The facility shall perform, within 14 days of admission and at least annually, a comprehensive, accurate, documented assessment of each patient's capability to perform daily life functions. This comprehensive assessment shall be coordinated by a registered nurse and shall include at least the following:

(1) current medical diagnoses;

(2) medical status measurements, including current cognitive status, stability of current conditions and diseases, vital signs, and abnormal lab values and diagnostic tests that are a part of the medical history;

(3) the patient's ability to perform activities of daily living, including the need for staff assistance and assistive devices, and the patient's ability to make decisions;

(4) presence of neurological or muscular deficits;

(5) nutritional status measurements and requirements, including but not limited to height, weight, lab work, eating habits and preferences, and any dietary restrictions;

(6) special care needs, including but not limited to pressure sores, enteral feedings, specialized rehabilitation services or respiratory care;

(7) indicators of special needs related to patient behavior or mood, interpersonal relationships and other psychosocial needs;

(8) facility's expectation of discharging the patient within the three months following admission;

(9) condition of teeth and gums, and need and use of dentures or other dental appliances;

(10) patient's ability and desire to take part in activities, including an assessment of the patient's normal routine and lifetime preferences;

(11) patient's ability to improve in functional abilities through restorative care;

(12) presence of visual, hearing or other sensory deficits; and

(13) drug therapy.

(c) The facility shall develop a comprehensive ~~care~~ plan of care for each patient and shall include measurable objectives and timetables to meet needs identified in the comprehensive assessment. The facility shall ensure the comprehensive ~~care~~ plan of care is developed within seven days of completion of the comprehensive assessment by an interdisciplinary team that includes a registered nurse with responsibility for the patient and representatives of other appropriate disciplines as dictated by the needs of the patient. To the extent practicable, preparation of the comprehensive ~~care~~ plan of care shall include the participation of the patient and the patient's family or legal representative. The physician may participate by alternative methods, including, but not limited to, telephone or face-to-face discussion, or written notice.

(d) The facility shall review comprehensive assessments and ~~care~~ plans of care no less frequently than once every 90 days and make necessary revisions to ensure accuracy.

History Note: *Authority G.S. 131E-104;*
RRC objection due to lack of statutory authority Eff. July 13, 1995;
Eff. January 1, ~~1996.~~ 1996;
Amended Eff. July 1, 2012.

10A NCAC 13D .2303 is proposed for amendment as follows:

10A NCAC 13D .2303 NURSE STAFFING REQUIREMENTS

(a) The facility shall provide licensed nursing personnel consistent with applicable occupational regulations and sufficient to accomplish the following:

(1) patient needs assessment;

(2) patient care planning; and

(3) supervisory functions in accordance with the levels of patient care advertised or offered by the facility.

(b) The facility ~~shall provide other nursing personnel sufficient to ensure that activities of daily living, personal care, delegated restorative nursing tasks and other health care needs, as identified in each patient's plan of care, are met.~~ must have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each patient, as determined by patient assessments and individual plans of care.

(c) A multi-storied facility shall have at least one direct-care staff member on duty on each patient care floor at all times.

(d) Except for designated units with higher staffing requirements noted elsewhere in this Subchapter, daily direct patient care nursing staff, licensed and unlicensed, shall ~~equal or exceed 2.1 nursing hours per patient per day. (This is sometimes referred to as nursing hours per patient day or NHPPD or NH/PD.)~~ include:

(1) ~~Inclusive in these nursing hours is the requirement that at~~ At least one licensed nurse ~~is~~ on duty for direct patient care at all times.

(2) ~~Nursing care shall include the services of a~~ A registered nurse for at least eight consecutive hours a day, seven days a week. This coverage can be spread over more than one shift if such a need exists. The director of nursing may be counted as meeting the requirements for both the director of nursing and patient staffing for facilities with a total census of 60 nursing beds or less.

~~(3) Nursing support personnel, including ward clerks, secretaries, nurse educators and persons in primarily administrative management positions and not actively involved in direct patient care, shall not be counted toward compliance with minimum daily requirements for direct care staffing.~~

~~(e) An exception to meeting the minimum staffing requirements shall be reported to the Department at the end of each month. Staffing waivers granted by the federal government for Medicare and Medicaid certified beds shall be accepted for licensure purposes.~~

History Note: *Authority G.S. 131E-104;*
Eff. January 1, ~~1996.~~ 1996;
Amended Eff. July 1, 2012.

10A NCAC 13D .2306 is proposed for amendment as follows:

10A NCAC 13D .2306 MEDICATION ADMINISTRATION

(a) The facility shall ensure that medications are administered in accordance with ~~standards of professional practice and~~ applicable occupational licensure ~~regulations.~~ regulations and manufacturer's recommendations.

(b) The facility shall ensure that each patient's drug regimen is free from drugs used in excessive dose or duplicative therapy, for excessive duration or without ~~adequate~~ indications for the prescription of the drug. Drugs shall not be used without ~~adequate~~ monitoring or in the presence of adverse conditions that indicate the drugs' usage should be modified or discontinued. As used in this paragraph:

(1) "Excessive dose" means the total amount of any medication (including duplicate therapy) given at one time or over a period of time that is greater than the amount recommended by the manufacturer for a resident's age and condition.

(2) "Excessive Duration" means the medication is administered beyond the manufacturer's recommended time frames or facility-established stop order policies or without either evidence of additional therapeutic benefit for the resident or clinical evidence that would warrant the continued use of the medication.

(3) "Duplicative Therapy" means multiple medications of the same pharmacological class or category or any medication therapy that replicates a particular effect of another medication that the individual is taking.

(4) "Indications for the prescription" means a documented clinical rationale for administering a medication that is based upon an assessment of the resident's condition and therapeutic goals and is consistent with manufacturer's recommendations.

(5) "Monitoring" means ongoing collection and analysis of information (such as observations and diagnostic test results) and comparison to baseline data in order to:

(A) Ascertain the individual's response to treatment and care, including progress or lack of progress toward a therapeutic goal;

(B) Detect any complications or adverse consequences of the condition or of the treatments and;

(C) Support decisions about modifying, discontinuing, or continuing any interventions.

(c) Antipsychotic therapy shall not be initiated on any patient unless necessary to treat a clinically diagnosed and clinically documented condition. When antipsychotic therapy is prescribed, unless clinically contraindicated, gradual dose reductions and behavioral interventions shall be employed in an effort to discontinue these drugs. "Gradual dose reduction" means the stepwise tapering of a dose to determine if symptoms, conditions or risks can be managed by a lower dose or if the dose or the medication can be discontinued.

(d) The facility shall ensure that procedures aimed at minimizing medication error rates ~~include, but are not limited to,~~ include the following:

(1) All medications or drugs and treatments shall be administered and discontinued in accordance with signed medical orders which are recorded in the patient's medical record. Such orders shall be

complete and include drug name, strength, quantity to be administered, route of administration, frequency and, if ordered on an as-needed basis, a ~~clearly~~ stated indication for use.

(2) The requirements for self-administration of medication shall ~~include, but not be limited to,~~ include the following:

(A) determination by the interdisciplinary team that this practice is safe;

(B) administration ordered by the physician or other person legally authorized to prescribe medications;

(C) ~~specific~~ instructions for administration printed on the medication label; and

(D) administration of medication monitored by the ~~licensed~~ nursing staff and consultant pharmacist.

(3) The administration of one patient's medications to another patient is prohibited except in the case of an emergency. In the event of such emergency, ~~steps shall be taken to~~ the facility shall ensure that the borrowed medications are replaced ~~promptly~~ and so documented.

(4) Omission of medications and the reason for omission shall be indicated in the patient's medical record.

(5) Medication administration records shall provide time of administration, identification of the drug and strength of drug, quantity of drug administered, route of administration, frequency, documentation sufficient to determine the staff who administered the drugs. Medication administration records shall indicate documentation of injection sites and topical medication sites requiring ~~rotation, including, but not limited to,~~ rotation of transdermal medication.

(6) The pharmacy shall receive an exact copy of each physician's order for medications and treatments.

(7) When medication orders do not state the number of doses or days to administer the medication, the facility shall implement automatic ~~Automatic~~ stop orders ~~for medications and treatments shall be established and implemented.~~ according to manufacturer's recommendations.

(8) The facility shall maintain an accountability of controlled substances as defined by the North Carolina Controlled Substances Act, G.S. 90, Article 5.

History Note: *Authority G.S. 131E-104;*
Eff. January 1, ~~1996.~~ 1996;
Amended Eff. July 1, 2012.

10A NCAC 13D .2604 is proposed for amendment as follows:

10A NCAC 13D .2604 DRUG PROCUREMENT

(a) The facility shall not possess a stock of prescription ~~legend~~ drugs for general or common use except as permitted by the North Carolina Board of Pharmacy and as follows:

(1) for all intravenous and irrigation solutions in single unit quantities exceeding 49 ml. and related equipment for the use and administration of such;

(2) diagnostic agents;

(3) vaccines;

(4) drugs designated for inclusion in an emergency kit approved by the facility's Quality Assurance Committee;

(5) water for injection; and

(6) normal saline for injection.

(b) Patient Drugs:

(1) The contents of all prescriptions shall be kept in the original container bearing the original label as described in Subparagraph (b)(2) of this Rule.

(2) Except in a 72-hour or less unit dose system, each individual patient's prescription ~~or legend~~ drugs shall be labeled with the following information:

(A) the name of the patient for whom the drug is intended;

(B) the most recent date of issue;

(C) the name of the prescriber;

(D) the name and concentration of the drug, quantity dispensed, and prescription serial number;

(E) a statement of generic equivalency which shall be indicated if a brand other than the brand prescribed is dispensed;

(F) the expiration date, unless dispensed in a single unit or unit dose package;

(G) auxiliary statements as required of the drug;

(H) the name, address and telephone number of the dispensing pharmacy; and

(I) the name of the dispensing pharmacist.

(c) ~~Non-legend~~ Non-prescription drugs shall be kept in the original container as received from the supplier and shall be labeled as described in Subparagraph (b)(2) of this Rule or with at least:

(1) the name and concentration of the drug, and quantity packaged;

(2) the name of the manufacturer, lot number and expiration date.

History Note: *Authority G.S. 131E-104; 131E-117;*
Eff. January 1, ~~1996.~~ 1996;
Amended Eff. July 1, 2012.

10A NCAC .3001 - .3002 are proposed for repeal as follows:

10A NCAC 13D .3001 SPECIALIZED REHABILITATIVE AND HABILITATIVE SERVICES

10A NCAC 13D .3002 QUALITY OF SPECIALIZED REHABILITATION SERVICES

History Note: *Authority G.S. 131E-104;*
RRC objection due to lack of statutory authority Eff. July 13, 1995;
Eff. January 1, ~~1996.~~ 1996;
Repealed Eff. July 1, 2012

10A NCAC 13D .3011 - .3016 are proposed for repeal as follows:

10A NCAC 13D .3011 HIV DESIGNATED UNIT POLICIES AND PROCEDURES

10A NCAC 13D .3012 PHYSICIAN SERVICES IN AN HIV DESIGNATED UNIT

10A NCAC 13D .3013 SPECIAL NURSING REQUIREMENTS FOR AN HIV DESIGNATED UNIT

10A NCAC 13D .3014 SPECIALIZED STAFF EDUCATION FOR HIV DESIGNATED UNITS

10A NCAC 13D .3015 USE OF INVESTIGATIONAL DRUGS FOR HIV DESIGNATED UNITS

10A NCAC 13D .3016 ADDITIONAL SOCIAL WORK REQUIREMENTS FOR HIV DESIGNATED UNITS

History Note: *Authority G.S. 131E-104;*
RRC objection due to lack of statutory authority and ambiguity Eff. July 13, 1995;
Eff. January 1, ~~1996.~~ 1996;
Repealed Eff. July 1, 2012.

10A NCAC 13D .3021 - .3030 are proposed for repeal as follows:

10A NCAC 13D .3021	**PHYSICIAN REQUIREMENTS FOR INPATIENT REHABILITATION FACILITIES OR UNITS**
10A NCAC 13D .3022	**ADMISSION CRITERIA FOR INPATIENT REHABILITATION FACILITIES OR UNITS**
10A NCAC 13D .3023	**COMPREHENSIVE INPATIENT REHABILITATION EVALUATION**
10A NCAC 13D .3024	**COMPREHENSIVE INPATIENT REHABILITATION INTERDISCIPLINARY TREAT/PLAN**
10A NCAC 13D .3025	**DISCHARGE CRITERIA FOR INPATIENT REHABILITATION FACILITIES OR UNITS**
10A NCAC 13D .3026	**COMPREHENSIVE REHABILITATION PERSONNEL ADMINISTRATION**
10A NCAC 13D .3027	**COMPREHENSIVE INPATIENT REHABILITATION PROGRAM STAFFING REQUIREMENTS**
10A NCAC 13D .3028	**STAFF TRAINING FOR INPATIENT REHABILITATION FACILITIES OR UNIT**
10A NCAC 13D .3029	**EQUIPMENT REQS/COMPREHENSIVE INPATIENT REHABILITATION PROGRAMS**
10A NCAC 13D .3030	**PHYSICAL FACILITY REQS/INPATIENT REHABILITATION FACILITIES OR UNIT**

History Note: *Authority G.S. 131E-104;*
RRC objection due to lack of statutory authority Eff. July 13, 1995;
Eff. January 1, ~~1996.~~ 1996;
Repealed Eff. July 1, 2012.

10A NCAC .3033 is proposed for repeal as follows:

10A NCAC 13D .3033 DEEMED STATUS FOR INPATIENT REHABILITATION FACILITIES OR UNITS

History Note: *Authority G.S. 131E-104;*
Eff. January 1, ~~1996.~~ 1996;
Repealed Eff. July 1, 2012.